



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional) JUV2879.54-4
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To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	In re Application of Steven W. Dow and Jeffery Fairman	
	Application No. 10/780,294	Filed February 17, 2004
	For: Systemic Immune Activation Method Using Non CpG Nucleic Acids	
	Art Unit 1632	Examiner Not yet accorded

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired):

		Fee	Small Entity Fee	
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 110.00	\$ 55.00	\$ 0
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ 420.00	\$ 210.00	\$ 210
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ 950.00	\$ 475.00	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,480.00	\$ 740.00	\$ 0
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,010.00	\$1,005.00	\$ 0

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1123. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number 41,226
- ☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

August 9, 2004 Date

720-406-5385 Telephone Number

Sarah J. Smith SIGNATURE

Sarah J. Smith Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.